

Technical Report

NEED-BASED FAMILY PLANNING
PROGRAMMES : CONTENT AND
TREATMENT GUIDELINES FOR
TV PRODUCERS

by

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ABSTRACT (within 250 words)

This article presents three models of human behaviour with special emphasis on the process of decision making at the individual level in the adoption of family planning practices. The first model describes how the adoption process is influenced by factors at three levels: individual, family and society. The second model views adoption behaviour as influenced by the personality of the adopter, practice characteristics, role of influential and change agents. The third model describes the sequential adoption process. Programme implications of these three models for T.V. producers have been discussed. Suggestions have been made on the basis of behavioural science research findings in family planning in India, about the content, and organization of future T.V. programmes for our country. The results discussed in this paper have implications for the diffusion of any method through mass media.

Please indicate restrictions if any that the author wishes to place upon this note Nil

Date April 8, 1974

T. Venkateswara Rao
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NEED-BASED FAMILY PLANNING PROGRAMMES:
CONTENT AND TREATMENT GUIDELINES FOR TV PRODUCERS

T. Venkateswara Rao

Regulation and control of fertility is essentially an individual decision and it is taken by the individual at his own level, usually in consultation with some significant persons. Such a decision reflects the acceptance of change on the part of the individual. A significant role can be played by communication sources like the Television in fastening this process of change in the individual. There are several ways in which the communication source can influence the decision making process at the individual level. An understanding of the points of intersections (TV programmes) influencing decision making) and working out the strategies of influence require some understanding of the factors affecting, and the processes involved in, the decisions to adopt family planning practices. These are presented below with three models of human behaviour and some communication strategies.

Description:

Model 1

According to one model of human behaviour described in detail elsewhere (Pareek and Rao, 1974) fertility behaviour may be treated as a dependent variable, the independent variables influencing this being: motivation, values, and attitudes of the person, his perception of the reward and punishment for his behaviour, the society (the community) and its various characteristics, the family and other socializing agencies.

According to this model adoption of family planning methods by individuals are influenced by factors at three

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levels: individual, family and society. The process of the use of methods of fertility control by an individual can be understood by considering factors at the individual level including personality structure of the individual, his motivation, his values, level of education, socioeconomic status, caste, religion, sex, age, occupation, etc. Several researches have been conducted establishing the association between these factors and acceptance of family planning. Programme strategies discussed below are based on these findings.

At the level of the family factors like family structure, orientation of the family to modernization, social values, husband-wife communication patterns, marriage systems, security, etc., have been found to influence decisions to adopt family planning. At the community level customs and beliefs in the community, structure of the community, role of leaders and other persons who exert influence, place of residence, class, membership in social organizations, group affiliations, etc., have been found to play a great role. Implications of these findings for strategies of TV programmes have been reported here. While the strategies mainly emphasize what should be done they also touch on a few aspects on what could be avoided.

Programme Implications of Model 1

1. Modernization attitudes have been found to contribute to small family preferences. Communication media have in recent years taken note of the importance of such modernization attitudes for higher productivity of the nation and the society. Programmes reinforcing modernization attitudes in people are likely to help in an indirect way the propagation of fertility control. Fashions, new designs, acceptance of improved methods in all aspects of life, etc., should be reflected in the programmes. These may bring gradual awareness and contribute at a later stage for increased acceptance.

2. Security in the issues of struggle for land and property ownership; caste feuds, economic security, lack of health consciousness, high child mortality, etc. have been found as barriers in the motivation to accept family planning

(and family feuds,

Programmes to counteract these barriers may be useful. A psychological weighing goes on in each individual's conscious or subconscious level about the pros and cons of acceptance of family planning. Large families are preferred for the kind of reasons mentioned above. Counteraction programmes may increase weightage on the negative aspects of larger families and at the same time indicating the positive aspects of small families. For example, division and fragmentation of land as against security in the issues for struggle for land may be a good theme taken up in the TV films. Stories could be built around such themes. Creation of health consciousness in the public is important and programmes on health hygiene and nutrition may concentrate on the ill effects of having more children on the children's as well as mother's health. Studies of child mortality have shown that there is very high rate of mortality in the first three years of children's lives. Programmes on how to ensure children's survival and good health may help motivation limiting the family, if such programmes are linked with family planning.

3. Education has been found in several researches to influence the acceptance of family planning. This has an important programme implication. Educated persons have access to several channels of information and opportunities to discuss. Television at present is one of the potential but rare resources for the less educated. Television could be geared to the needs of the less educated who need more information, more choices, and need to be motivated to limit their families.

4. Researches in general have pointed to a high level of acceptance of family planning in the high socio-economic groups. People from low income groups were found to have less information and intention to accept. This is because of their preoccupation with problems of survival, low aspirations and sense of achievement, and their perceptions of children as assets and work force for which no investment is necessary. Programmes boosting up their aspirations, demonstrating how they have opportunities to educate their children who can aspire to occupy important roles might motivate them in the long run to accept family planning.

5. Several studies have pointed out the effects of large size families on the health status of family members. Increased family size results in increased illness,

malnutrition, high child mortality, ill effects, physical growth and intellectual development, economic and emotional stresses, etc. Population education programmes televised should highlight these aspects in a strong way.

6. Communication between spouses was found to be an important factors influencing decisions to adopt family planning. In our culture interspouse communication on matters of family planning is rather low, especially in rural areas. Programmes should also depict how the joint decisions could be made by the husband and wife and how matters could be discussed to plan their family life etc. Some family decision sessions and discussions could be filmed.

7. Shyness is an important factor that prevents people from seeking information on sensitive matters like sex and contraceptives. People in general need to be desensitized to a great extent and an environment where free exchange of ideas etc. can take place should be created. One way of desensitizing people is to expose them as much of contraceptive material as possible, discussions about them through films exclusively made on them.

8. Early age of marriage is one factor which influences population growth to a great extent. Studies show a general tendency of early marriages in rural areas and in target population TV programmes have to aim at. Although recently awareness of the advantages of late marriages is increasing, much needs to be done. Some programmes may focus on the problems of early marriage and unplanned parenthood in the context of changing society.

9. Several false beliefs have been found to exist in rural people with regard to family planning. Several researches on resistance to family planning have indicated this time and again. Beliefs related to a phenomenon have been found to influence acceptance or rejection of the phenomenon. This is true of family planning also. Such beliefs have been found to be widespread. Special programmes need to be designed to tackle these beliefs. Authentic information given by doctors, leaders etc., are likely to remove such beliefs. Population education programmes may play a significant role in this connection. The following are some common beliefs that need to be tackled are removed -

- (a) Family planning through contraceptives is a sin.
- (b) Using contraceptives is against religion.
- (c) Will of God determines the size of the family.
- (d) Use of contraceptives leads to loss of sexual potentiality.
- (e) Use of contraceptives leads to loss of mental equilibrium.
- (f) Contraceptives are irreversible (i.e. once you adopt a contraceptive, you cannot have any children at all even when you want to have.).
- (g) Contraceptives spoil health.
- (h) IUCD goes to heart when inserted.
- (i) IUCD insertion causes the death of a spouse or both.
- (j) Male organ striking against the loop creates complications.
- (k) Sterilization means castration and impotency.
- (l) Sterilization leads to loss of the partner.

10. There are some social taboos attached to the use of contraceptives. Although these are gradually fading away, they are still working in some areas against a quick acceptance of family planning. Population education can again take care of these problems. The curriculum for such population education programmes are being developed at places like the National Council of Educational Research and Training (NCERT). While NCERT is concentrating on school adult education packages need to be developed, particularly to suit the needs of rural people.

Model 2

Another model useful in throwing light on the dynamics of the use of and acceptance of the methods of population control by the individual is the adoption model of behaviour. According to this model adoption of a new practice is a function of at least four factors: personal characteristics of the adopter, practices recommended for adoption, influentials, and change agents. According to this model family planning is to be understood in terms of adoption of new ideas and behaviour. Of the four factors, personal characteristics of the individual have already been mentioned above. The practices recommended (use of condom or sterilization, etc.) is an important variable in the model of adoption. The perception of practices by the adopter is important. In the first place, the relevance of the practices, as perceived by the individual, to his significant needs is important. Other aspects of the practices are: the perceived consequences of adoption, the degree of dissonance of the practices recommended with other significant aspects, the perceived difficulty the adopter may have in adopting a particular practice, etc.

Programme Implications of Model 2

Some individual factors that could be dealt with have already been covered in the earlier section. There are several other personal factors influencing the acceptance of family planning (or any new idea for that matter) which are difficult to be manipulated by mass media. However mass media like the TV can play a significant role in relation to the other factors involved in the acceptance of new ideas.

A significant role could be played in recommending several family planning practices. One research finding has been that the educated have several choices before them and such availability of choices increased the probability of accepting one of them. Unfortunately rural-educated low /un economic status people have only a few choices available to them. Usually their friends are the main source of information. This results in a limitation of choices. Programmes meant for this set of people should bring to their notice as

many practices as possible to increase their choice alternatives. Mere information about the existence of the alternative practices may not be much useful. Through information about the specific purposes and conditions under which the practices should be used, advantages, limitations, reversibility, after effects, instructions for users, follow-up instructions, technical help available, facilities, etc., should be presented to the user to make his decision making easier. People may have already developed by now certain attitudes towards specific practices. Programmes concentrating on the practice relevance to the individual needs also need to be developed. Influential and change agents play a great role in the acceptance of new practices. Several such sources of influence, the role the influentials can play, the areas where they are likely to be effective with implications for family planning programme are described under the third model. Identifying such community influentials and change agents and using them for persuasion purposes, etc. is necessary.

Model 3

The third model of behaviour which has a significant component of implications for the TV programme organizers deals with the sequential process in the adoption of the family planning practices. Adoption of a new idea and behaviour does not take place all of a sudden. Adoption has a sequential aspect. It takes place through several stages. Some stages that have been generally accepted are: emergence of a need, presence of a need, persistence of a need, awareness of the possibility to satisfy this need, awareness of the alternatives or explorations for information about the alternatives, interest reinforced by information about the alternatives and information about the users and relative effectiveness of the alternatives, deliberation - consultation - deliberation, trial, evaluation, alternative-trial evaluation, adoption and integration. This is somewhat an elaboration and includes several possibilities which may be totally absent in some cases. It might boil down to the need-awareness-interest-deliberation-trial-evaluation-adoption-and integration model offered by Pareek and Singh (1968).

Programme Implications of Model 3

According to the third model of sequential adoption, the underlying psychological process at the need stage is arousal, resulting in readiness and characterized by dissatisfaction with the present stage of affairs, more specifically with the current practice. The model suggested above has implications for creating dissatisfaction in the respondent if he has been having large families or opposing family planning, create an awareness of the need to have a small size family and thus make him ready to hear things about family planning. This is an important phase and needs special attention in the beginning of the programmes. If the programmes straight away start showing mass vasectomy campaigns etc., and got to the core of the family planning, it is likely to be least effective. Programmes should be attempted to follow a similar sequence as the sequence of adoption.

Groups of people in the population of the 6 states that are going to be exposed to the TV satellite programme may be at one or the other of the above stages. Researches do indicate to a certain percentage of the nation's population who are not at all aware of the need of population control. Studies indicate some people are aware but they don't feel the intensity, some feel the need but they don't think that this (fertility control) is feasible to be achieved (as they are not aware of the methods). Some more people may be aware of the alternatives but do not know much about them; some more may be aware of the alternatives also and deliberating over them; some others may be at the trial stage and some may be at the evaluation stage, and some at final adoption and integration stages. Thus the audience of the TV programme would be mixed audience and are likely to be at one or the other stages of the sequence of adoption of family planning practices. Randomly produced programmes are hence likely to serve the needs of only one or other group in this sequence. Hence the programmes should be planned to suit the maximum number of such audience.

One useful strategy may be to start the programmes in the beginning to concentrate on creating the need or making the audience aware of the need for fertility control. This is specially needed for the rural sector. In the earlier stages themes of the programmes produced may center round

creating such a need for fertility control. Such need may be created by demonstrating the population pressure, effects of population density on the society, the family and the individual, the consequences of fertility control, improved economic conditions etc. Several programmes on these themes need to be produced. Any of the methods suggested in the last section of this paper could be used to communicate these themes. Thorough care should be taken to see that the rural population are particularly attracted to these programmes. After the concentration of efforts on arousing needs in the public for the first few weeks/months of the programme, the programmes may go to the next stage of informing the audience about the possibility to fulfil the need. This stage would be the information giving stage of population control and family planning programmes. This stage of programmes may include information-giving programmes on methods of fertility control, conditions under which they can be used, demonstration programmes on how several people are using and trying to permit the families the facilities available for interested users, role played by different agencies in the promotion of these programmes, and so on. Programmes produced on these themes will serve the dual purpose of reinforcing the already existing needs in the audience to limit the family and also helping them to know the techniques available to fulfil the need. While the programmes on people using them, agencies promoting them, etc., are likely to cater to the former, technical information on contraceptives cater to the latter. Interest already would have set in by this time in those who did not have, and the curiosity is fulfilled by the technical information programmes. Programmes could be supplemented with free distribution of reading literature to the audience. This arrangement could be worked out with voluntary agencies the governmental agencies on family planning.

The next series of programmes should concentrate on the evaluation of several alternatives, trial experiences of people, figures of usage of different methods, after effects, etc. This would help the audience come nearer to the stage of adoption. These programmes would also help reduce the deliberation period and quicken adoption or trial-evaluation and adoption. Programmes at the previous stage and this stage put together may also reduce the long process of adoption to a simple three stage of need-knowledge-adoption, although several dynamics may be involved in each of these stages.

The fourth stage of the programmes may center round follow-up information and themes of integration. After the adoption people may be dissatisfied with some methods or they may get panicky with simple complications that come up and so on. In order to sustain the motivation and continue adoption programmes on after effects, complications and how to deal with these complications need to be planned. At this stage it is also important to have programmes that constantly remind the audience of the need to control population for a happy future. So programmes of the kind used in the beginning may also be shown again although with lower frequency.

These stages need to be followed in a sequence. However, as the audience already contain people at different stages of this sequence, it may be useful to run a few programmes relating to stages 2, 3 and 4 in decreasing order of frequency, while programmes related to the first stage are run; 1, 3 and 4 when programmes related to second stage are run; 1, 2 and 4 when programmes relating to third stage are run; and 1, 2, and 3 when programmes relating to fourth stage are run. A suggestive model is presented in figure 1.

Figure 1: A suggestive model of the sequential concentration of programmes relating to different phases of adoption.

| | Stage 1 | Stage 2 | Stage 3 | Stage 4 |
|-----------|---------|---------|---------|---------|
| | S1 | S2 | S3 | S4 |
| Frequency | S2 | S1 | S2 | S3 |
| | S3 | S3 | S1 | S2 |
| | S4 | S4 | S4 | S1 |

S1 = Programmes to create awareness of the need or the need itself.

S2 = Programmes providing information about the methods of catering to the needs and facilities available, etc.

S3 = Programmes giving trial, experiences, relative advantages, experiences of users, etc. to enable quick decision making.

S4 = Programmes giving follow-up information, dealing with problems etc.

Communication Strategies

The above models and implications are suggestive of the organization of the programme in terms of the different phases of organizing the programmes, sequencing of the programmes, contents to be covered, target population to be touched, and so on. Some suggestions have been made relating to the content areas to be covered by these programmes. The details need to be worked out by the programme planners. Keeping the areas to be covered in mind, some of the communication strategies have been presented below. Researches have shown that different sources of communication are effective at different stages of adoption. Based on these findings the strategies of TV communication are suggested below, regarding the sources to be used in communicating the messages, method or mode of communicating them, and the work of some agencies which may be televised. The sources suggested are presented in Table 1 with rationale. The models are suggested in Table 2 with rationale. The tables are self explanatory and may help the producers.

Table 1: SOURCES THAT CAN BE USED FOR COMMUNICATION THROUGH TV WITH RATIONALE

| Person | Content | Rationale |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Physicians | <p>To provide information about the methods of family planning.</p> <p>To demonstrate the easiness of some of the methods.</p> <p>To remove beliefs about some contraceptives</p> <p>To provide follow up information</p> <p>To inform the role of the clinic and the doctor</p> <p>To inform the role of the patient.</p> <p>To inform the effects of larger families</p> <p>To demonstrate the problems of patients handling themselves.</p> | <p>The doctor has high credibility and he is likely to be accepted. He should figure in full hospital dress and in a hospital setting. This increases the authenticity of information.</p> <p>Doctors who are known in the community should be chosen. Sex of the Doctor is important. Female Doctors may be effective to talk about female contraceptives. Programmes in men series and women series may be arranged.</p> |
| 2. Village leaders | <p>To share information about some successful programmes they launched</p> <p>To discuss about the advantages the village has due to population control</p> <p>To discuss the division of land and other problems arising due to increased family size</p> <p>To motivate other village leaders as promoters and accepters of family planning.</p> | <p>Involving them in village side chats and conversations would attract other villages to model on these lines.</p> |

3. Effective users
- To assure the people about the advantages of family planning, easiness with which the contraceptives could be used.
- The rationale is again credibility. A user is more effective than a non-user. A user is reliable and by focussing on the case histories of effective users the public may get lot of insight. It will be easier for a person to accept FP when he knows that the problems he has in accepting it are universal fears and are unrealistic.
- To inform the people about the problems they faced, how they tackled them and the returns they got for the investment they made in tackling the problems.
- To inform the health problems associated with some contraceptives
- To motivate the non-users through persuasion.
- To clarify the beliefs against family planning.
- To eliminate fears in the public by telling the similar fears they had and how they turned out to be false.
4. Nurses, Mid-wives, Paramedical personnel, Field workers and Social workers, etc.
- To share their experience with patients
- To share information about people overcoming resistances
- To remove some fears
- To point out the causes of resistance (sensitizing people to their own resistance)
- To describe the facilities and the administrative set up
- They may have rich experience of the problems of rural population because of their closer contact with people and field work.

5. Religious persons
- To counteract religion-based and morality based fears, guilt and conflicts in villagers as resistors to family planning control.
- To clarify the religious stands and to suggest acceptable methods for resistors
6. Teachers
- To provide some elements of sex education
- To teach health and hygiene to students and parents and approach the question of family planning in an indirect way.
- To emphasize the necessity of population control
7. Druggists
- To provide information about the availability of easy contraceptives like pills, nirodha, etc.
- To tell the public about the demand for such contraceptives
- Research suggests that quite a few people resist FP on the ground that it is immoral and against religion etc. People concerned with that may be effective in removing such fears.
- Teachers are still considered as sources of authority. As villagers do have certain amount of respect on them, they are likely to be good influencers. They may also have the future needs of implementing family planning ideas in children.
- To make the audience feel the easiness with which they can get the contraceptives. To remove shyness in them by letting them know the demand for items like Nirodh. Shyness is likely to be a psychological impediment to the purchase and thereby the use of contraceptives. The public need to be as much desensitized as possible.

8. Popular
film
stars

To inform the public
about maintaining
beauty through family
planning

To attract more audience
to the family planning
programmes

To imprint in them the
advantage of family
planning

To change their
attitudes towards family
planning by actual
films centering round
family size themes.

Film stars are a strong
source of influence. Many
magazines in local
languages carry advertise-
ments using film stars
for beauty items, toilets,
cigaretts, etc. But we
never come across anything
for family planning.
Carefully chosen film
stars are going to have
lot of impact.

9. Union
leaders/
Labour
welfare
officers

To take the message of
family planning to
industrial sector
and workers.

Union leaders and labour
welfare officers are
likely to be effective
with industrial sector
as the psychological
distance between them
and the others is less.

Table 2: Some suggested models in which family planning programmes could be organized

| Method | Content/areas of coverage | Rationale |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. News | <p>News items may cover the following areas:</p> <ul style="list-style-type: none"> a. Discoveries of new methods of population control b. Estimates of population problems c. Countries/areas facing population pressure and its impact d. Growth rates e. Control of deaths and diseases f. Facilities available for family planning g. Price rise and its relationship with population pressure h. The government laws, religious pronouncements, etc., related to family planning and population control. i. Vasectomized camps that are being arranged j. The views expressed by religious/political/social leaders whenever it is difficult to get them. k. Achievements of countries that have been able to control family planning etc., day to day events. | <p>Information about the newer developments and what is going on round the world is likely to increase awareness of the importance of FP and would help him to adopt it. It would increase his choice alternatives</p> |

2. Dramas

Dramas depicting the consequences of population pressure at the societal level, family level and at the individual level are needed.

At the community level problems like overcrowding, unemployment, social problems like increases in crime, immorality, revolt, war, housing problems, transport, food, nutrition education, etc., could be depicted. However, the community problems are more amenable to be depicted directly by films and could be touched only in an indirect way.

Family problems and individual problems may be more easily depicted in dramas. Family problems like division of land, lack of privacy, conflict and quarrels over privileges, etc., could be depicted. At individual level frustrations due to problems, crime, suicide, mental stresses and strains could be depicted.

Drams could also deal directly with conflict in the family over acceptance of family planning, husband-wife communication and joint decision making, resolution of conflicts, with tradition born mother-in-law family decisions, etc., could also be depicted. However, such dramas need carefully planned out themes that need to be put across to the audience.

Dramas are good and lively sources where problems could be depicted in a near to reality way. As they hold the attention of audience for a longer period than lectures speeches, etc., they have an advantage. Messages put across through such media are likely to get implanted strongly and open new avenues of thinking for the tradition minded.

- | | | |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Songs | Songs related to family planning. Well known play-back singers are likely to be effective. Cinema tunes need not be copied as they are likely to be joked at. New tunes may be developed and somewhat philosophical songs depicting population problems are likely to touch the listeners. | This is another way of holding the interest of one set of the population. |
| 4. Talks | Talks could be on several topics. Some suggested areas and agencies that could be used are presented separately. | Talks would have informative and persuasive value if the speaker is carefully chosen and motivation is in-built. |
| 5. Interview | Interview with: Doctors, nurses, field workers, para-medical personnel, druggists, film stars, user, clients, persons undergone vasectomy, persons intending to limit families, religious and social leaders, etc., might popularize the programme and motivate people. | Interviews with actual experience based persons are likely to remove fears and create hopes and point out to the processes for those interested. |
| 6. Panel discussions | Panel discussions may be meant for somewhat educated audience. Besides the categories of persons suggested above, education-ists, demographers, family planning research workers, economists, etc. may be used. | Panel discussion present several ways of looking at problems and point out several dimensions of FP. |
| 7. Documentaries | Documentaries showing actual problems of crowding in cities, problems of housing, pavement dwellers, suburbs, economic and other crises, with a good casual analysis are likely to be educative. | Showing the actual problems from the different parts of the country might help people take precautionary measures to prevent population growth. |

8. **Question-answer shows and quizzes** These would be mainly information centered. Could have broad coverage on population and include figure work besides knowledge about family planning methods, etc. Such shows have the capacity to hold the attention of the audiences. Open quizzes making the audience effectively participate by giving questions in one session and answers in another are likely to be attractive. Prize system could also be used as incentive.
9. **Films** Exclusive T V films of population problems could be made. Themes suggested for dramas are all applicable equally for films. Short feature films may be made using some of the popular film stars in some roles. They draw more number of audience.
- Community problems would be depicted better through films

There are several family planning programmes that go on round the country. Such programmes may have a lot of educative and change value for the public. Seeing groups of people discussing about family planning, several persons coming forward to use it, queues waiting to get vasectomized or loop inserted, etc. (if such can be found anywhere), persons coming for consultation, schools making consultation, schools making education campaigns mass vasectomy campaigns etc., are likely to exert tremendous influence on the viewers. The following are a few such areas the producers may look for.

Mass Vasectomy Campaigns: Mass vasectomy campaigns have been organized very successfully in a few districts of Kerala and Gujarat. Exhibitions, local announcements, handbills, person communication, etc., formed an integral component of these campaigns. In such campaigns thousands of people got sterilized. Such camps are being organized now and then in different parts of the country. Televising the whole campaign with considerable amount of focus on campaign exhibitions and people getting sterilized is likely to have great influence on the audience. Filming will have to be done rather carefully and might include some interviews with the vasectomized persons, doctors, nurses, etc. The interviews might cover again points like the initial resistance the clients had before they offered themselves to be sterilized, who influenced them, the advantages to which the influences had pointed out, the easiness with which the client underwent the operation etc.

Agency Programme:

Family planning clinics, and programmes are also being organized by agencies like the Christian Medical Association of India, Tea Industries and some more voluntary organizations. Such programmes may also be filmed and screened to indicate to the public the large scale on which the programmes are going on. Voluntary organizations doing this kind of service-oriented work gives scope for people to evaluate the work positively.

Programmes arranged by and the role played by schools, business and industrial organizations, labor unions, religious organizations, political and social organizations, are likely to have good impact.

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